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FOSTERING NURSING THROUGH MANAGEMENT

A Critical Approach

A thesis presented in partial fulfilment of the requirements for the degree of Master of Arts in Nursing at Massey University.

Lyneta Russell

1993

ABSTRACT

This study reveals for critique the philosophical and ideological forces which currently shape the perceptions of a small group of nurse managers in one acute care hospital setting. It has as its aim action to overcome constraints and to realize opportunities in the nurse manager position.

Nurse managers assume central ward management and clinical responsibilities. This study describes how they can adjust to changes in these responsibilities within a changing health care structure and at the same time maintain and foster a nursing focus within their work.

Using the research methods of critical social science this research explores central themes in the work and world of nurse managers. Through critical dialogue and reflection nurse managers are given opportunities to explore the social, political and historical forces that shape their understanding of their position, and to critique those forces. This critical process assists nurse managers to move towards a new understanding of their position and empowers them towards emancipatory action.

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Masters study and the undertaking of research are expensive exercises. I could not have completed either

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CHAPTER ONE

BACKGROUND TO THE STUDY

An historical background is worthy for the story that is revealed but it also gives meaning to practices of the 1990's. Patterns in the earlier work of the ward sister, a changing health care system and changing societal expectations are likely to be relevant to the work of the nurse manager today.

The ward sister

The position of ward sister has its origin in the beginnings of nursing in New Zealand, late in the 19th century.

At this time the ward sister was responsible for the management of patient care within the ward including the overseeing of domestic arrangements such as cleanliness, linen supplies and meal distribution. Because nursing staff were largely untrained much of the work was concerned with the disciplining and teaching of probationer nurses. One of the main responsibilities of the ward sister was ensuring that probationers conformed to the expected character of the good nurse - obedient, conscientious, respectful and trustworthy (Rodgers,1987). These characteristics of the 'good nurse' were identical to those of the 'good woman' (Gamarnikow,1978; Rodgers,1987).

The ward sister's work mainly consisted of ensuring obedience because the highest order of discipline needed to be obtained for the satisfactory running of the institution (Maxwell & Pope, 1915:12). Likened to a family the medical superintenant and board members,

usually male, demanded that the right hospital environment was maintained.

> *If women were given responsibility for the moral and aesthetic environment of the home, then nurses were given no less responsibility for the moral and aesthetic environment of the hospital (Hughes, 1990:28).*

The dominant patriarchal ideology had to be maintained within the hospital, as it was in the home and family. As the ward sister was often the only trained nurse, other than the matron, this task usually became her responsibility.

Discipline was also seen to be necessary to open up nursing as a legitimate and respectable occupation for women (Baly 1973:73). Hughes,(1990) proposes that the ideology of domesticity and the ideology of professionalism have both powerfully shaped the evolution of nursing and that the domestic ideology could be seen to place the responsibility for the moral stability of society on the shoulders of women. Taking this argument further women as nurses were given responsibility for the moral and aesthetic environment of the hospital, an extension of the domestic requirements of the home and family, as this legitimized their involvement in activities outside the home while maintaining the oppressive conditions of a patriarchal society.

An enormous responsibility was therefore placed on the ward sister in the early years of nursing within New Zealand.

The ward sister as clinical nursing leader

Until the 1970's there was little change in the work of the ward sister. As she was often the only qualified nurse on the ward it was essential that she possess excellent clinical skills. She had responsibility both for control of the ward through the supervision of student nurses and for imparting practical skills and knowledge to the students. She was also the one to whom medical staff gave direction for patient care and she in turn was the one to have contact with medical staff. Often as the only registered nurse on a ward she was expected to know everything about all of the patients and to provide much of the care for these patients. She was undoubtedly the clinical nursing leader in the ward.

The influence of changes to nursing education

Following much debate on nursing education in the 1960's, the 1970's saw a major change in the way nurses in New Zealand were educated following the *Review of Hospital and Related Services in New Zealand (1969).* This review recognized that nursing schools had largely developed through expediency and were based on nursing service demands rather than on educational opportunities. There was considered to be severe restrictions placed on what students could learn because of service commitments to hospitals. It was considered that too much emphasis was placed on efficiency and technical competence for the supply of hospital services rather than consideration of the broad knowledge base required for nurses in all forms of health care, not only hospital care, in a rapidly changing society. For these reasons hospital based training was recognized as being inadequate.

Implementing the recommendations from the Review the movement of nursing students from Schools of Nursing to technical institutes necessitated more qualified nurses being employed within wards. Students could no longer make

up the bulk of the nursing workforce employed by hospitals when the majority of their education was within technical institutes. No longer were qualified nurses the minority, they were now essential for the nursing workforce in hospitals and the community.

The work of the ward sister changed to accommodate the larger numbers of qualified staff employed. The supervisory function and teaching responsibilities remained, but with a different emphasis than when the ward staff consisted primarily of students. The ward sister became a coordinator of the various hospital services such as nursing, medical, and physiotherapy.

The influence of the organization of patient care

Until the 1980's, the method of nursing care delivery was predominately task focused. A hangover from the days of students in the wards, different tasks to be performed for a patient were assigned to different nurses so that one patient had a variety of nurses involved in their care over a very short period.

However, during the late 1970's nursing came to be seen more as involving caring for the "whole person" rather than as being concerned with a number of tasks. By the beginning of the 1980's there was to be seen more emphasis in the New Zealand literature and at conferences and forums on primary nursing, accountability and autonomy (Binnie, 1982; Carter, 1982; Bull, 1983; Laws, 1983).

At the same time qualified nurses themselves were demanding more responsibility for the care they offered as professionals. They sought responsibility and accountability for that care and the increased satisfaction of caring for a whole individual rather than only being responsible for a certain number of tasks for an individual patient. Team and primary nursing, nursing

care modalities where individual nurses or a group of nurses accept twenty-four hour responsibility for all aspects of a patient's nursing care from the time of admission to discharge, developed in response to these demands and in recognition of nursing as a profession.

These changes in the methods of nursing care delivery in wards impacted on the work of the ward sister, whose title changed about this time to charge nurse. Although still expected to be clinically competent and to take overall responsibility for the care delivered in a ward, the charge nurse was expected to share at least some of this responsibility with other nursing staff, either the primary nurse or the team leader. In theory, at least, the charge nurse was no longer required to know every detail of all the patients in the ward. Rather an overview of the patients, their care and conditions was required.

Whereas the charge nurse had previously been the source of information required by the medical staff this slowly changed as other nurses assumed more responsibility for individual patient care. In areas committed to team and primary nursing medical staff were encouraged to direct all patient queries and patient care information to the team leader/primary nurse. In this environment not only had the work of the charge nurse changed in response to changing professionalism but the authority and kudos formed as a result of being the one with all the information was also being eroded.

Not all ward areas adopted the primary and team nursing approaches. Gradually, however, particularly because of other demands on the charge nurses' time and because of the need for qualified nurses to have greater individual responsibility for patient care, the charge nurse delegated responsibility to other qualified staff in a similar way to those areas that practiced team or primary nursing.

At the same time the teaching responsibilities of charge nurses decreased. While still involved with student nurses' education within the clinical area the largest amount of student teaching became the responsibility of clinical tutors attached to the teaching institutions. Another change in the work of charge nurses had occurred, often leaving charge nurses confused as to what their area of responsibility was in this changed system of nursing service and education where qualified nursing staff now made up the bulk of ward nursing staff.

However, despite the responsibilities for the organization and coordination within the ward, the charge nurse still did not function as a manager. For example, hiring of staff and budgetary control remained a central function performed by those much higher in the management structure.

The influence of changes to the New Zealand health care system

Further changes were still to occur, not within nursing education or within the nursing profession itself, but within the New Zealand health care system.

In 1988 the *Report of the Hospital and Related Services Taskforce (Unshackling the Hospitals)* identified, amongst other concerns, major deficiencies in the management of the health care system. Their recommendation was the establishment of Area Health Boards and the implementation of general management to replace the triumvirate management structure, a structure in which executive authority and responsibility was shared by a doctor, a nurse and an administrator, each with the power of veto (Report of the Hospital and Related Services Taskforce, 1988: 19).

Instead of a triumvirate management structure this report

suggested responsibility for decisions should be placed at the lowest possible level where a decision could appropriately be made as a means to achieve improved efficiency and effectiveness of the health care system. Recognizing a ward as a unit the charge nurse was the obvious choice for manager.

Impact of a clinical career pathway for nursing

Alongside the changes in nursing education and management within the health care service a clinical career structure for nursing received increasing attention in the 1980's. *Nursing Education in New Zealand: A Review and Statement of Policy* was published by the New Zealand Nurses' Association in 1984. It recommended the establishment of clinical career structures in nursing thus promoting the importance of maintaining experienced nurses in clinical nursing practice.

In 1988 certification of nurse clinicians and nurse consultants within New Zealand reaffirmed the move toward recognition of clinical expertise. Unfortunately, however, such a move was not recognized within industrial award structures creating some confusion as to where those certified would fit into the overall pay scale grading system of nurses within New Zealand.

A further report looking into clinical career structure was released early in 1991. Entitled *A Proposal for Clinical Development for Nurses in Clinical Practice* it proposed a structure for those nurses who desired to make clinical practice, rather than progression into management or education, their primary professional focus (New Zealand Nurses' Association, 1991).

The current situation

Within the past three years charge nurses have assumed increasing ward management responsibility as the general management structure has been implemented within New Zealand health care institutions.

Often their responsibilities involve budgetary control and personnel functions, the overall standard of patient care within a ward, education and staff development, research, mentoring and role modeling, and acting as a clinical resource (NZNJ, 1990:13). They are expected to hold a pivotal management and clinical leadership position within the ward and hospital structure. In some areas, in recognition of the change in their responsibilities, their title is being changed from charge nurse to nurse manager.

At the same time there has been a resurge of interest in the development of a clinical career structure for nurses within New Zealand. Frequently discussed in the literature and within nursing circles, clinical career structures are currently receiving increasing attention as a number of Area Health Boards have adopted such a structure and others are exploring the possibility of implementing them.

These moves indicate that there is considered to be merit in recognizing nurses who choose to remain in direct clinical care and in promoting such nurses to positions of responsibility within the institution.

Some discussion has already occurred on how these positions within a clinical career structure will impact on the work of the charge nurse/nurse manager. In 1990 a seminar was run for 24 charge nurses on the proposed clinical career path (NZNJ,1990:13). The outcome of this seminar was that the charge nurse should remain; that a clinical career structure and charge nurses were complementary to each other.

However, despite such an outcome, concern remains. In the midst of changing health care management, increased management responsibility for charge nurses/nurse managers, and proposed and actual changes to the clinical career structure of nursing, charge nurses/nurse managers are concerned about their future as the manager and the clinical leader in the ward. They may feel undervalued in their comparative worth to other unit non-nurse managers within the institution and frustrated in their inability to use their clinical expertise which historically has been their power base within the nursing profession. At the same time individual nurses are assuming increased responsibility for their own practice and relying less on the charge nurse/nurse manager for supervision and direction of their nursing practice.

While there has been regular discussion on clinical career paths there has been no research in New Zealand on the current Charge Nurse role as a part of the changing organizational structure. There is a paucity of knowledge in this area.

My interest in this area of research stems from my awareness of the frustrations and anger experienced by many charge nurses/nurse managers and the impact that this has on other aspects of the institution. As a nurse who has held various positions within the acute care setting in a major hospital for almost two decades I am also aware of what I believe to be the source of these frustrations.

It is therefore intended that this study reveal for critique the philosophical and ideological forces which currently shape the perceptions of charge nurses/nurse managers. The current conflicts between clinical and management leadership will be made apparent with the intention of moving toward a new understanding of the work of charge nurses/nurse managers.

Purpose of the Study

By exploring the actual work of a small group of nurse managers this study will describe their perceptions of the management and clinical aspects of their work in the acute care setting. It will describe their understanding of their contribution to nursing leadership and ward management. Through critical dialogue expectations and possibilities for future action will be explored.

Reality and expectations can each present constraints and opportunities in the nurse manager position. Through critical dialogue and reflectivity these need to be identified and explored within the context of history and the social and political situation. Perspective transformation and the desire for a change in the situation may then enable opportunity for emancipatory action.

There are inherent dangers in reaching a new understanding without the ability to act to overcome constraints and realize opportunities. Once understanding has been reached it is hoped that through this study, which has an emancipatory intent, nurse managers will be empowered to identify choices and take action which will overcome some of the constraints that currently inhibit their practice.

Therefore, the specific aim of this study is to work with a small group of nurse managers in an acute care setting to

1. explore their work realities and their expectations

2. assist them to identify and explore patterns, constraints and opportunities in their position.

3. reach a common understanding between participants of the parameters for nursing leadership in the current nursing and health care climate in hospitals.

4. empower participants to identify choices and to take emancipatory action to overcome the constraints and realize the opportunities

To achieve this purpose the theoretical position taken for this study will be from critical social science. The possibility arising from this approach is

> *for groups to comprehend that there are explanations for the ways in which they are experiencing the world other than the 'natural' explanations which have always been accepted (Grundy, 1987:112).*

Once this comprehension has been achieved it is possible that the participants may choose to act autonomously to achieve emancipation.